PLEASE TYPE OR PRINT Entered previous May Show yes no

□ Ms. →	s \square no
Mr. Artist DRUCE MG	Combs
	(Last Name Last)
Permanent 1390/10.000	.111
Address J 7 WAUKAZOO D	P. Halland
Street MICHIGAN	City
49423 Tel. 6/6. 335-9	9945,
Zip Area Code	
Temporary Address	
Street	City
Street	City
Tel. ()	
Zip Area Code	
Permanent address is in what county?	
Born in Cuyahoga County Yes No	
Collaborator	
(If Any)	
If May Show entries are not accented or not so	ld:
If May Show entries are not accepted or not so	1101:
Artist will pick up at Museum.	
☐ Museum should dispose of.	
Museum should ship to artist C.O.D. at thi	c addrace:
wascam should ship to artist 6.0.D. at thi	s dudiess.

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Cassell to My Chan

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ENTRY BLANKS PMEleonly=						
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GALVESTON FLYER,						
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4130;		28X	56,			
GRAPHICS AND PHOTOGRAPHY ONLY						
Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame			
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Price or NES Insur. If NE	ance Value S Only PHICS AND PHOTOGR Total No. in Edition ON THIS SECTION	APHY ONLY Price Unframed #//CO.00 ACCEPTED RECEIVED	Frame 49500			

DATE:

TO:

FROM:

Received Jan. 11, 1977

SUBJECT:

31 Dups of aug. 18, 1909 10 Dups of Galveston Flyer R Male omer